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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070517 (3)

MASSAGE ENTERPRISES, INC.

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Mar 19 1998 8:00am

Secretary of State

2. Principal Place of Business 3. Principal Place of Business	Principal Place	o of Rusinger	Mailing Address			 		
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9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 City SAFETY HARDEN FL 85 Zin Code Code Considered agent an internet of the purpose of Sections 607,01007 and 607,1108, 1 kinds, Statutes, the above-named occoration submits this statement for the purpose of changing lite registered agent. I am finally affect and accept the chalgements of Sections 607,01007 and 607, 1108, 1 kinds, Statutes, the above-named occoration submits this statement for the purpose of changing lite registered agent. I am finally affet and accept the chalgements of Section 607,0005, Florids Statutes. SIGNATURE Applications of Sections 607,01007 and 607, 1108, 1 kinds, Statutes, the above-named occoration submits this statement for the purpose of changing lite registered agent. I am finally affect and accept the chalgements of Section 607, 607, 607, 607, 607, 607, 607, 607,		Country	- 	Country		has paid the cr		
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AMANCY A SAMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P. O. Box Numpher is Not Acceptable). 83 City SAFETY HARBOR FL 85 Zip Code 34 69 5 11. Pursuant to the provisions of Socious 607 Older and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered signature and accept the Junior of Licente (B. O. G. Code 34 69 5). 11. Pursuant to the provisions of Socious 607 Older and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered signature and accept the Junior of Institute floring. Sci. Incide Statutes. SIGNATURE Supposed From the Code of		Name and Address of Current	Registered Agent		10. Name and Address of	lew Registered	J Agent	
STORAL GABLES FL 33134 B2 Streel Address (P.Ö. Box Number is Not Acceptable) B3	AM	ERILAWYER CHARTERED		81 Name	DAILY F. SCHO	15777	20	
CORAL GABLES FL 33134 B3 D 2.9 CHILLIAM CAMACT				82 Street Ad	dress (P.O. Box Number is Not A	cceptable)	<u> </u>	
11. Pursuant to the provisions of Socions 607 05.02 and 607 15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered office of registered of registere	CO	RAL GABLES FL 33134		/6		n con	<u>irt</u>	
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11. Pursuant to the provisions of Socious 607 0.002 and 607 15.08. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the shall get florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent time from the purpose of changing its registered agent time from the purpose of changing its registered agent graded by the corporation's board of directors. I hereby accept the appointment as registered agent graded than remaining. SIGNATURE Supposed Agent graded agent graded Agent graded when remaining. DATE 12. OF FIGURE SAND DIRECTORS IN 12. INTE PSTD DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTE STREET ADDRESS CITY-ST-2P TITLE DELETE 11 TITLE DELETE 12 TITLE DELETE 13 TITLE DELETE 14 DITLY-SI-ZIP DELETE 15 TITLE DELETE 15 TITLE DELETE 16 TITLE DELETE 17 TITLE DELETE 17 TITLE DELETE 18 TITLE DELE				84 City			85 Zip (Code
office or registered spent, or both, in the state of Floorids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am furnitary with, and accept the objectives of fuction 6007/0506, Florida Statutos. SIGNATURE 12. OF LOCERS AND DIRECTORS IN 12 TITLE PSTD SCHWEITZER, NANCY J STREET ADDRESS CITY-ST-ZIP TITLE DELETE DE					HETY HARBOX		L 34	695
agent. I am funility with, and accept the Publications of Accion 607-05-05, Florida Statutes. SIGNATURE Signature for the properties of the publications of Accion 607-05-05, Florida Statutes. 12. OF LICE RS AND DIRECTORS IN 12. TITLE NAME SCHWEITZER, NANCY J STREET ADORESS CITY-ST-2PP CLEARWATER FL 34621 14. CITY-ST-2PP CLEARWATER FL 34621 14. CITY-ST-2PP CLEARWATER FL 34621 16. Change Addition NAME STREET ADORESS CITY-ST-2PP CLEARWATER FL 34621 DELETE DELETE DELETE DELETE DELETE AND Change Addition Addition NAME STREET ADORESS CITY-ST-2PP CLEARWATER FL 34621 Change Addition Addition NAME STREET ADORESS CITY-ST-2PP CHILLIA COMPAT COMPAT CHANGE Addition Addition Addition NAME STREET ADORESS CITY-ST-2PP DELETE DELETE DELETE DELETE DELETE DELETE Change Addition Addition Addition NAME STREET ADORESS CITY-ST-2PP Change Addition Addition Addition NAME STREET ADORESS CITY-ST-2PP Change Addition Addition Addition NAME STREET ADORESS CITY-ST-2PP Change Addition Addition NAME STREET ADORESS CITY-ST-2PP Change Addition Addition STREET ADORESS CITY-ST-2PP Change Addition Addition STREET ADORESS CITY-ST-2PP Change Addition Addition STREET ADORESS CITY-ST-2PP Change Addition STREET ADORESS	11. Pursuant t	to the provisions of Sections 607.0502 eaistered aftent, or both, in the State a	and 607.1508, Florida Statutes, of Florida Such change was aut	, the above-named co horized by the corpor	erporation submits this statement is ration's board of directors. I hereb	or the purpose of accept the ac	of changing It: poointment as	s registered registered
STREET ADDRESS STRE	agent. I a	m familiar with, and accept the oblight	ions of Section 607.0505, Florid	da Statutes.				
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CITY-S1-ZIP 6 4 CITY-S1-ZIP 6 4 CITY-S1-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		partity that the information suredied with	h this filing does not enable for		in Section 119 07/31/il Florido Str	itutae I further	certify that the	Information

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an additional with an address.

X2-24-98